

B 5 (Official Form 5) (12/07)

B 5 (Official Form 5) (12/07) – Page 2

Name of Debtor Wharfside Associates, L

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

☒ /s/ Richard T. Yoss, Owner/Member
 Signature of Petitioner or Representative (State title)
Blue Ion, LLC 12/21/2010
 Name of Petitioner Date Signed
 Name & Mailing Richard Yoss, owner
 Address of Individual 301 B King Street
 Signing in Representative Charleston SC 29401
 Capacity _____

☒ /s/ Robert E. Culver 12/22/2010
 Signature of Attorney Date
The Culver Law Firm
 Name of Attorney Firm (If any)
575 King Street, Charleston SC 29403
 Address
(843) 853-9816
 Telephone No. _____

☒ /s/ John David Griffin, Vice President
 Signature of Petitioner or Representative (State title)
Trident Construction Co. 12/28/2010
 Name of Petitioner Date Signed
 Name & Mailing John David Griffin
 Address of Individual PO Box 60939
 Signing in Representative North Charleston 29419
 Capacity _____

☒ /s/ Robert E. Culver 12/22/2010
 Signature of Attorney Date
The Culver Law Firm
 Name of Attorney Firm (If any)
575 King Street, Charleston SC 29403
 Address
(843) 853-9816
 Telephone No. _____

☒ /s/ Chris Anderson, Member
 Signature of Petitioner or Representative (State title)
Places, LLC 12/20/2010
 Name of Petitioner Date Signed
 Name & Mailing Chris Anderson, Member
 Address of Individual 400 Hibben
 Signing in Representative Mt. Pleasant 29464
 Capacity _____

☒ /s/ Robert E. Culver 12/22/2010
 Signature of Attorney Date
The Culver Law Firm
 Name of Attorney Firm (If any)
575 King Street, Charleston SC 29403
 Address
(843) 853-9816
 Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Blue Ion, LLC, 301B King St. Charleston SC 29401	unsecured web hosting	971.49
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Trident Construction Co., Box 60939 N. Charleston	unsecured construction	28,232.88
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Places, LLC, 400 Hibben St. #, Mt. Pleasant 29464	unsecured advertising	567.00

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims 35,557.18
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Name of Debtor Wharfside Associates, I

Case No. _____

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x /s/Tom Penny
Signature of Petitioner or Representative (State title)
LS3P Associates, Ltd.

Name of Petitioner _____ Date Signed _____

Name & Mailing
Address of Individual
Signing in Representative
Capacity
Tom Penny
205 1/2 King Street
Charleston SC

x /s/ Robert E. Culver 12/22/2010

Signature of Attorney _____ Date
The Culver Law Firm

Name of Attorney Firm (If any)
575 King Street, Charleston SC 29403

Address
(843) 853-9816

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)

Name of Petitioner _____ Date Signed _____

Name & Mailing
Address of Individual
Signing in Representative
Capacity

x _____
Signature of Attorney _____ Date

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)

Name of Petitioner _____ Date Signed _____

Name & Mailing
Address of Individual
Signing in Representative
Capacity

x _____
Signature of Attorney _____ Date

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner <u>LS3P Assoc. Ltd.</u>	Nature of Claim <u>unsecured architecture</u>	Amount of Claim <u>5,785.81</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims 35,557.18

_____ continuation sheets attached